

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address State Capitol			
Area Code/Phone Number (916) 445-0873	E-mail daniel.maguire@gov.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary			

2. Donor Name and Address

Individual _____ Other California State Protocol Foundation

Last Name: _____ First Name: _____ Name: _____
 1215 K Street Sacramento CA 95814
 Address City State Zip Code

The CSPF is a 501(c)(3) organization that promotes California and provides support on diplomatic and consular matters.
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

See Exh. A \$ See Exh. A See Exh. A \$ See Exh. A
 Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) various \$ 33,370
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

Date(s) of Travel \$ Transportation Expenses \$ Lodging Expenses \$ Meal Expenses \$ Other Expenses \$ Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

The CSPF paid for expenses associated with the 2009 Capitol tree-lighting ceremony, including production and facility costs, entertainment, travel expenses (non-State employees), photography, food and beverages, lighting, and sound equipment.

Identify the officials for whom the payment was used:

N/A

_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Susan Kennedy Susan Kennedy Chief of Staff 12/28/09
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Payments were made on 12/8/09, 12/9/09, 12/10/09, 12/11/09, 12/14/09, 12/16/09, and 12/17/09.

Exhibit A

Business & Foundation Revenue

<u>Deposit Date:</u>	<u>Name</u>	<u>Mr/Mrs./Ms.</u>	<u>Contact First</u>	<u>Contact Last:</u>	<u>Street1</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Country</u>	<u>Amount</u>
12/16/2009	CA Governor's Conference For Women	Ms.	Erin	Stain	1801 Avenue of the Stars, Suite 1201	Los Angeles	CA	90067	USA	\$25,000.00
12/16/2009	Enterprise-Rent-A-Car Company of LA	Mr.	Randy	Hendershot	199 N. Sunrise Avenue, Dept C	Roseville	CA	95661	USA	\$5,000.00
12/08/2009	Dwight D. Oppeman Foundation	Ms.	Julie	Chrystyn	10554 Dolcedo Way	Los Angeles	CA	90077	USA	\$75,000.00

Total: 105,000.00

In Kind Services

Total: 0.00